

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
091317384
APPLICANT(S)

FILED
JUN 99

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4						
5		2				
6		1				
7		3				
8		3				
9		3				
10		3				
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46		3				
47		3				
48		3				
49		3				
50		3				
TOTAL IND.	1					
TOTAL DEP.	38					
TOTAL CLAIMS	39					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

BEST AVAILABLE COPY